



Building Permit Application

City of Corvallis, Development Services Division
PO Box 1083, Corvallis OR 97339
501 SW Madison Avenue, Corvallis OR 97333
Phone: 541-766-6929 Fax: 541-766-6936
E-mail: development.services@ci.corvallis.or.us
Web: www.corvallispermits.com

DEPARTMENT USE ONLY

Permit No: B21100438
Receipt No: Bill
Date: 5-5-11
Plan Review Fee Pd: 1094.29

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family

JOB SITE LOCATION

Job site address (or map & tax lot number): GOOD SAMARITAN HOSPITAL
3600 NW SAMARITAN DR

DESCRIPTION OF WORK

OFFICE TENANT IMPROVEMENT IN EXISTING SHELL SPACE

plumbing

OWNER OR AGENT

Company name: GOOD SAMARITAN REGIONAL MEDICAL CENTER
Contact name: SCOTT CARROLL
Address: FACILITIES SERVICES - GOOD SAMARITAN HOSPITAL
City, state, zip: 3600 NW SAMARITAN DR
Phone: 541 740 0600 Fax:
E-mail: LCARROLL@SAMHEALTH.ORG
Applicant's signature: [Signature]

Print name: SCOTT CARROLL Date: 5/4/11

DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE

Name: ANDREW MCKELVEY
Address: 5253 SW SECHER LN
City, state, zip: CORVALLIS, OR 97333
Phone: 541 230 1620 Fax:
E-mail: ANDREW@NEILRICHARDSONARCHITECT.COM

CONTRACTOR

Business name: GREENBERRY CONSTRUCTION
Address: 2211 NW PROFESSIONAL DR #201
City, state, zip: CORVALLIS, OR 97330
Phone: 541 760 3630 Fax:
E-mail: GREG@GREENBERRYCONSTRUCTION.COM
CCB license number: 146612 Expiration date: 9/24/11

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area (sq ft):

Garage/carport area (sq ft):

Covered porch area (sq ft):

Deck area (sq ft):

Other structure area (sq ft):

REQUIRED DATA: COMMERCIAL & MULTI-FAMILY

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$ 120,000 100K

Existing building area (sq ft): Changed

New building area (sq ft):

Number of stories:

Type of construction: 1A

Occupancy group:

Existing occupancy: I-2

New proposed occupancy: B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractor's Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

Manufactured Homes Fees

Manufactured Home Installation	\$275
State Surcharge 12%	\$ 33
State Service Charge	\$ 30

PLEASE NOTE: Intake fees initiate the plan review process. All remaining plan review fees are collected at the time of permit issuance. If the application is expired or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial:

This application is valid for 180 days